



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

C.L. "BUTCH" OTTER – GOVERNOR  
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE (208) 364-1959  
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November 26, 2013

Stephanie Spencer, Executive Director  
Idaho Center for Autism, LLC  
P.O. Box 706  
Meridian, ID 83680

Dear Ms. Spencer:

Thank you for submitting the Plan of Correction for Idaho Center for Autism, LLC dated November 25, 2013, in response to the recertification survey concluded on November 13, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Idaho Center for Autism, LLC a three-year certificate effective from January 1, 2014, through December 31, 2016, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, this certificate is issued on the basis of substantial compliance and is contingent upon the correction of deficiencies.

Thank you for your patience and accommodating us through the survey process. If you have any questions, you can reach me at 364-1906.

Sincerely,

ERIC D. BROWN  
Manager  
DDA/ResHab Certification Program

EDB/slm

Enclosures

1. Approved Plan of Correction
2. Renewed Developmental Disability Agency Certificate



# Statement of Deficiencies

Developmental Disabilities Agency

Idaho Center for Autism, LLC  
4CFA144

3614 N Market Ln  
Boise, ID 83703  
(208) 342-0374

Survey Type: Recertification

Entrance Date: 11/12/2013

Exit Date: 11/13/2013

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program; and Eric Brown, Manager, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.009.01 009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services have complied with IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-11)	Review of agency documentation revealed that 1 of 6 staff files reviewed (Employee 2) did not contain documentation that the staff had completed the criminal history background check process in accordance with IDAPA 16.05.06. Employee 2's DHW background clearance was transferred to the agency within timeframes, but the file did not contain evidence of a local background check completed through the Idaho State Police.  (The deficiency was corrected during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.)	2. To identify any other participants, staff or systems that may have been affected by the deficiency, all staff files were reviewed to determine whether the event was isolated. All other staff files contained documentation that the staff had completed the criminal history check process as specified within IDAPA 16.05.06. The Idaho Center for Autism has updated its criminal history policy to require that all prospective employees receive a new, cleared background check through the Idaho Department of Health and Welfare prior to hire, rather than having them complete a background check transfer process if they previously completed a background check during employment with another agency. The update to our policy will ensure consistency in the application and will lessen the likelihood that our agency would misunderstand or misapply the transfer process. 3. The Idaho Center for Autism's Executive Director	

was responsible for updating and modifying our agency's policy regarding criminal history background checks. The Office Manager will be responsible for implementing the process for future hires.

4. The Office Manager will complete a new hire checklist for all new employees, which would include verification of a new background check as opposed to the transfer of a cleared background check. The Office Manager will provide the Executive Director with verification of new hire requirements within 30 days of hire. The Executive Director will be responsible for ensuring compliance by inspecting all employee records on a quarterly basis.

Administrator/Provider Signature:

*Stephanie Spencer, Executive Director*

Date:

*11/25/2013*

Department POC Approval Signature:

*E.T. P...*

Date:

*11/22/13*

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.